2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

	ANNUA	AL REPORT				rei) 23, 200a	00.00
1. Entity Nam	MENT # P000000 ALTY SERVICES INC.	()	Secretary	oi Sta	
	W							
Principal Place 6175 NW 15	ce of Business	Mailing Address 6175 NW 153 ST	Mailing Address 6175 NW 153 ST.					
UNIT 115 MIAMI LAKES, FL 33014		UNIT 115 MIAMI LAKES, FL 33014						
)
2. Principal F	Place of Business - No PO. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (12/06)
City & Stat	te	City & State	City & State		4. FEI Number 65-0995	Q1 <i>A</i>	} }	Applied For Not Applicable
Zıp	Country	Zıp Cour		,	5 Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Current Registered Agent			Fee Required 7. Name and Address of New Registered Agent				
LEDNAND	067 BODOLEO			Name				
HERNANDEZ, RODOLFO 7270 POICIANA COURT MIAMI LAKES, FL 33014				Street Address (I	P.O. Box Number	is Not Acceptable	e)	
			-	City			FL Zip Co	de
8. The above	named entity submits this statemen	nt for the purpose of changing (ts registered	office or register	ed agent, or both	, in the State of Flo		n, and accept
	tions of registered agent			•				1
SIGNATURE	Signature Typed or printed name of registered a	gent and title if applicable (NC	DTE: Registered A	igent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Camp Trust Fund Con	•		00 May Be ed to Fees			
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME	PSD HERNANDEZ, RODOLFO	Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	7270 POINCIANA COURT		STREET	ADDRESS		a a per esta a constante	والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	}
CITY-ST-ZIP	MIAMI LAKES, FL 33014	Delete	CITY-SI	I-ZIP			0835052 1-800197667ae	150+ QQ
NAME	HERNANDEZ, ZOBEIDA A	∟ Delete	NAME			051 501 DO	· DOW + O Larenange	D Addition
STREET ADDRESS CITY-ST-ZIP	7270 POINCIANA COURT MIAMI LAKES, FL 33014		STREET	ADDRÉSS I- 7/P				
TITLE		☐ Delete	TITLE		· · · · · ·		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-SI-ZIP			CITY-ST					
TITLE NAME		☐ Delete	TITLE	.			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP			CITY-ST					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNAT	URE: Toberela 1	Houss Hyna	ely	Zoberda	Alonso H	ernande	2 (305)2	62-927.Y
	SIGNATURE AND TYPED O	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		. <u></u>	Date 02/15		